

RUTLAND HISTORICAL SOCIETY

Quarterly

VOLUME XXVI No. 1

1996

Hospital Care in Rutland: The First Century



RRMC

The Charles H. Sheldon Residence at 46 Nichols Street served as the first Rutland City Hospital from 1896 until the first expansion in 1909. It was a 10-bed facility.

A Patient's Tribute

Any person who has ever been a patient knows well the feelings of anxiety upon being admitted to the hospital. Yet, as the time for discharge nears, some feel sentimental about leaving their confines and the people who ably cared for them. In 1921 L. Agnes Mercure was a patient in Room Number 4. She expressed her thoughts as follows:

ODE TO NO. 4

Oh little room with tinted walls
And ivory white o'erhead;
Outside, the broad white corridor
That echoes to the tread

Of footsteps swift all through the day
As, passing to and fro,
The white-capped nurses all intent
On duties swiftly go.

Oh, little room, for weeks I've lain
And gazed upon your wall
Or, through the windows caught a glimpse
Of roofs and chimneys tall.

And high above a bit of sky
Where sometimes white clouds drift
Or morning sunshine clear and bright
Between the buildings sift.

Oh little room, what tales you'd tell,
If only you could speak,
Of patients many who have come
Their health and strength to seek.

You've witnessed pain and suffering
And, sad it is to tell,
You've seen eyes close in silent death
And others have grown well.

And once they say a wedding
In this small room occurred.
Oh little room, how very much
You must have seen and heard.

I'm leaving you this morning,
And someone else will come
To occupy this little bed
And watch the clouds and sun.

Five weeks I've been your tenant.
I've suffered much, but still
All clouds have silver linings
We see them if we will.

Now little room, a secret
I'm going to tell to you
I'm going to leave a lot of cheer
And wishes not a few

Of gladness and of courage,
To help the next who may
Be sent to occupy this room
And long, long weeks may stay.

I'll tuck them 'neath the mattress
And in each pillow, too.
In dresser drawers and on the stand
I'll also leave a few.

So good bye to you, little room,
And to my small white bed.
I'll ne'er forget your tinted walls,
And ivory white o'erhead.

Acknowledgments

This history is from an unpublished manuscript by Dawn Hance, author, historian, registered nurse and vice-president of the Rutland Historical Society. It has been condensed and edited by Kendall Wild and Jean Ross. The editors wish to acknowledge the assistance of Peggy Flanagan, Director of Communications at the Rutland Regional Medical Center, in the production of this issue of the *Quarterly*.

NOTE. Photo credit lines: RRMCM = Rutland Regional Medical Center; RHS = Rutland Historical Society.

Hospital Care in Rutland: The First Century

On 6 September 1996, the Rutland Regional Medical Center will celebrate its first century of providing continuous health care to the residents of southern and central Vermont and eastern New York State. Known as Rutland Hospital until its name was changed in 1983, it had a chaotic beginning, plagued by financial pressures and a continuing need for expansion. Twice it almost closed its doors due to near bankruptcy, but each time friends of the hospital came forth with contributions to keep it in operation.

Over the years the hospital has expanded six times. Through its first century the facility has evolved into a stable humanitarian cornerstone of the community.

Rutland's first physician, Dr. Jacob Ruback, a hard-drinking Prussian once a surgeon in the army of Frederick the Great, was in Rutland in 1774. During the Revolution he ministered to troops stationed in the area. By the time he moved on 10 years later other doctors had taken his place.

There were no hospitals in Rutland except for an occasional "pest-house" used to quarantine people infected with smallpox. As late as 1859 people here were still being quarantined in such "hospitals". The wealthy always received health care at home. Rutland County residents were lucky to have the Castleton Medical College (1818-1861) at their disposal. Those who could afford it, travelled there for medical advice.

In the latter half of the 19th Century several medical improvements altered the course of health care. Anesthesia and sterile practices to reduce infection were being instituted. Graduates of nursing schools were available to care for patients in hospital facilities.

The first hope that Rutland would have a hospital was expressed by Miss Susan Pierpoint in her will, dated 17 October 1887. An invalid for many years, she knew at first hand the need for a hospital. Her family homestead at 27 West Street, by coincidence, was just around the corner from the hospital's first location on Nichols Street.

Susan died early in 1890 and left all her property to her sister Julia Pierpoint. She stipulated that, if Julia did not leave a will, the residue of her estate was to be used to help the town in establishing "a hospital for the sick and lame". In that case the money would be handled by five trustees — two to be named by the Congregational Church and one each by the Baptist, Episcopal and Methodist Churches. If the hospital was not established within five years, the Rutland Missionary Society would get the money.

On 8 May 1891, the first meeting to discuss a hospital was held at the home of The Reverend Charles Martin Niles of Trinity Episcopal Church. No physicians were present. Those who attended were: The Reverend George W. Phillips (Congregational), The Reverend T. J. Gaffney (St. Peter), The Reverend Niles,

H. O. Carpenter (village corporation president), Charles P. Harris, D. M. White, George J. Wardwell, W. A. Patrick, Henry F. Field, V. A. Gaskill, W. H. Steele, George F. North, E. L. Temple, George C. Thrall, J. N. Woodfin and E. H. Fox.

In the fall of 1891, Redfield Proctor and his son, Fletcher D. Proctor, offered the "Ripley House", west of the entrance to Evergreen Cemetery in Center Rutland, for a hospital building. They agreed to rent-free occupation for five years if the committee could raise \$5,000 per year for its operation. Redfield Proctor would pledge a quarter of that amount, but a fund-raising campaign had no success (only \$488 was collected) and two months later the offer was refused.

In March 1892, the field was narrowed to two sites – J. W. Cramton's gift of three to four acres at the head of Terrill Street and the gift of land by Julia and Evelyn Pierpoint (Susan's sister and brother) near the House of Correction (now the regional correctional center). The Pierpoint property carried the vote unanimously.

That spring articles of association were adopted and a petition went to the State Legislature for incorporation. On 27 November 1892, very soon after Rutland Village became a city, the Legislature incorporated the "Rutland Hospital Association". It was the second formally organized hospital group in the state, but because of financial constraints it was the sixth to open a building. It was preceded by Mary Fletcher in Burlington (1879), St. Albans Hospital (1882), Fanny Allen in Colchester (1894), St. Johnsbury Hospital (1895) and Proctor Hospital (earlier in 1896).

The first meeting of the Rutland Hospital corporators was held on 15 March 1893. Named to the board of directors were Henry F. Field, Dr. Charles S. Caverly, Egbert C. Tuttle, E. P. Gilson, Thomas W. Maloney, George T. Chaffee, Dr. Charles A. Gale, Dr. J. D. Hanrahan and George E. Royce.

At the next meeting Field, who was state treasurer from 1890 to 1898, was chosen president. Dr. Caverly was elected vice president, Gilson treasurer and Tuttle secretary. The balance on hand was a scant \$481.11.

On 3 May 1893, Evelyn and Julia Pierpoint officially deeded for one dollar four acres of land on a knoll northwest of the House of Correction on Spring Street (now called State Street). The property was east of Evergreen Avenue and west of a new street soon to be named Pierpoint Avenue. The agreement stipulated that construction must begin within a year.

Proposals were sought for a new brick facility to accommodate 10 patients. Meanwhile, the association desperately tried to raise money and material for construction costs estimated at \$10,000. Field asked the marble companies to donate materials. Frederick A. Chaffee's estate agreed to contribute 100,000 bricks, and A. F. Davis offered 50,000 more. Women were expected to do their part. In November 1893, the board chose 21 women to form the "Ladies' Hospital Aid Society" (now known as the Hospital Auxiliary). Since that time the women have been deeply involved in procuring supplies and donations for the hospital. The following were named:

Mrs. Julia C. R. Dorr
 Mrs. Charles Sheldon
 Mrs. J. W. Cramton
 Mrs. J. B. Page
 Mrs. P. W. Clement
 Mrs. F. D. Proctor
 Mrs. J. B. Harris
 Miss May (or Mary) Roberts
 Miss Mary Valiquette
 Mrs. George L. Silliman
 Mrs. George C. Thrall

Mrs. P. H. Dolan
 Mrs. A. L. Gutterson
 Mrs. Louis Martell
 Mrs. C. H. West
 Mrs. A. D. Slack
 Mrs. E. D. Welch
 Mrs. George Wardwell
 Miss Annie Pierpoint
 Mrs. M. H. Hamilton
 Mrs. George H. Emery

In March 1894, an architect bid was awarded, to design a brick building with blue marble trim, underpinnings of rock-faced marble and a green slate roof. The architect's rendering, which afterward appeared on the association's stationery, was displayed in the window of the Higgins & Hyde Store on Merchants Row.

Construction costs were not expected to exceed \$15,000. But a depression in 1894 seriously affected donations. By March 1895, the association had collected only \$3,300. The Pierpoints were asked to extend the agreement for another year, but again the association could not meet the deadline.



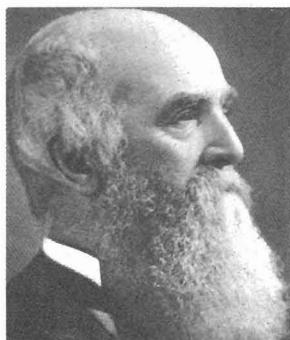
FORESTRY ASSN. OF VT

Fletcher Proctor



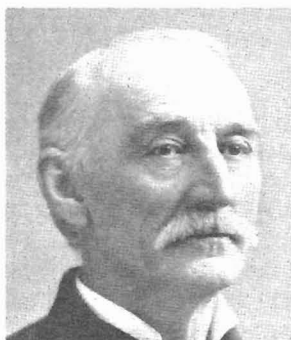
MEN OF PROGRESS

Redfield Proctor



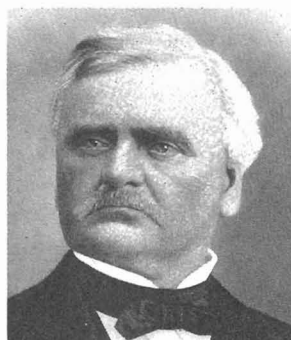
STATE OF VT BIOGRAPHIES

Evelyn Pierpoint



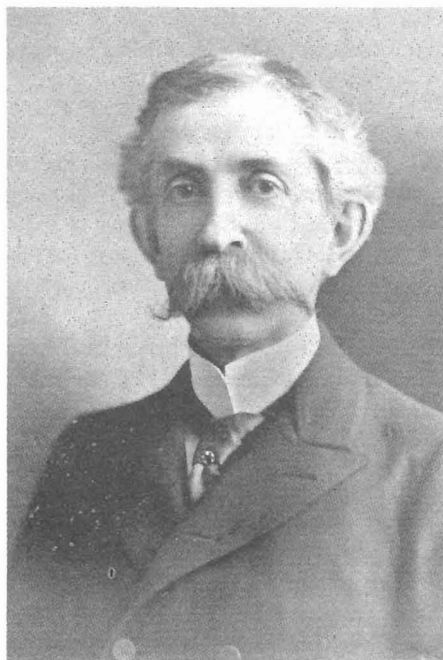
BOOK OF BIOGRAPHIES

John Cramton



HISTORY OF RUTLAND COUNTY

Charles Sheldon



Henry Field



Rev. Charles Niles

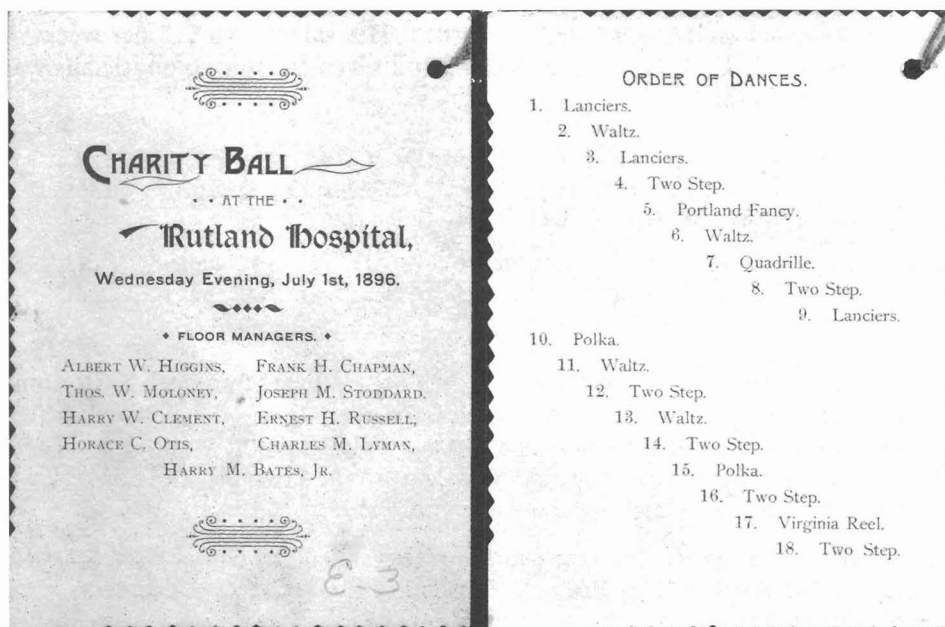
The First Hospital

In the spring of 1896, Charles H. Sheldon, who had moved out of town, offered his relatively new home at 46 Nichols Street for the hospital at \$1,300, plus interest and taxes. The residence had recently been a private treatment center similar to a nursing home. Board member George Chaffee agreed to carry the balance of the mortgage until the hospital became solvent. The entire cost of turning the Sheldon property into a hospital came to \$13,160. A total of \$7,000 was mortgaged — \$6,000 at the Marble Savings Bank and \$1,000 with H. H. Dyer. The Pierpoint property was returned.

Finally, after nearly four years, the association had a building. The board voted to use electricity instead of gas; 73 electric lights were installed at \$1.80 per fixture. Early in July 1896, an open house and a ball on the premises gave the public its first view of the new hospital. A story in the *Rutland Herald* of 2 July 1896 began as follows:

It was the greatest night Rutland has probably ever seen by way of a popular and social occasion. The grounds of the city hospital lend themselves readily to the function of music, dancing, and the intercourses of a fete and celebration in which all classes cordially take part . .

Tickets to the event sold for \$1.50 each. The trolley ran until 1 A.M. for the convenience of the guests. The first selection at the band concert was an original two-step, probably written by Dr. Middleton Goldsmith, which was played for the first time. More than 300 attended the open house on 2 July.



Dance card from 1 July 1896 Ball, marking the opening of the first Rutland Hospital.

Regulations governing the hospital and its staff entrusted medical and surgical services to four or more physicians who kept daily charts on each patient. The matron's duties were numerous. She was responsible for hiring and dismissing employees, ordering medical supplies, overseeing the kitchen, collecting payments, superintending funeral arrangements, purchasing fuel, provisions and furnishings, keeping inventories and admitting and discharging patients.

The executive committee set rates for each patient, not to run less than \$10 per week for town charges. The railroad and other corporations were to pay \$400 per year for contract beds, or \$10 per week, excluding medical and surgical services. Emergency patients were to be treated at all times—if there was adequate space.

No patients suffering from smallpox, diphtheria, venereal disease, scarlet fever or delirium tremens were to be admitted unless surgery was required. Patients were not permitted to bring food onto the premises without permission. They could not smoke or drink intoxicating beverages during their hospital stay (unless prescribed by the physician).

Any organization or person who fully furnished and equipped a hospital room was given the privilege of naming the room so long as it was kept in proper order. Donations over \$250 allowed the donor use of one bed for 25 weeks. (That paid for room and board only.)

Mrs. Agnes L. Carmody, a graduate of the nurse training school at North Adams, Massachusetts, was hired as matron. Her salary was \$12 per week. A medical staff of eight attending physicians and seven consulting physicians was selected as follows:

Attending staff: Dr. E. M. Pond, Dr. C. W. Strobell, Dr. H. L. Newell, Dr. W. F. Cummings, Dr. C. M. Marstin, Dr. S. W. Hammond, Dr. W. W. Town, Dr. A. H. Bellerose.

Consulting staff: Dr. George H. Fox, Dr. C. S. Caverly, Dr. C. A. Gale, Dr. J. D. Hanrahan, Dr. J. E. Thomson, Dr. M. R. Crain, Dr. B. C. Seaton.

The hospital was scheduled to open on 1 September. However, due to some last-minute problem with obtaining supplies, the opening was delayed until 6 September 1896. The facility could accommodate only 10 patients at a time. There was a four-bed male ward, a four-bed female ward, and two private rooms. Later reports indicated 16 beds were available that year.

Nanette Burkhardt, the first head nurse, recalled the circumstances under which she was hired in 1896. She was visiting in Pittsford (from Delaware) when Dr. Caverly asked her to come to the hospital to look after a patient who needed immediate attention. No one else was available so she consented to come. She arrived just 10 minutes before the patient, Dr. Pond's coachman, who was suffering from typhoid. She said:

He was wildly delirious and when we put him to bed in one of the wards he kept trying to get out. I was struggling with him back and forth over the floor and he broke away and tried to jump out a window. I caught up to him and we were fighting there by the window when Father Proulx arrived. Apparently he was one of Father Proulx's parishioners and the father had come to visit him. Well, he came for a visit but ended up helping me get that man under control and put him back to bed. If he hadn't come, I don't know what would have happened. He was a wonderful help. He came to visit almost every day. And he didn't just sit and visit. He really worked.

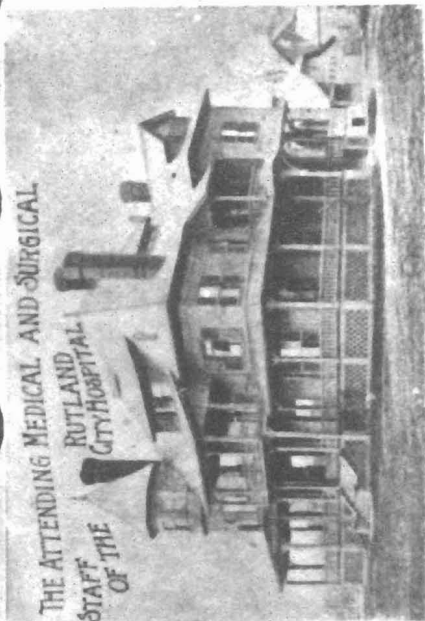
The Reverend Norbert Proulx, pastor of the Sacred Heart of Mary Church, now Immaculate Heart of Mary, later became a hospital board member.

Miss Burkhardt intended to stay overnight, but was persuaded to accept the position of head nurse, and stayed a year. She found that the hospital was poorly equipped. There was no maternity ward or children's ward. There was only one telephone on a box in the hall and only one bathroom, which served as the sterilizing room. There was one chest of drawers for medical supplies and not much room for medicine. When the supply got low, a nurse was sent downtown to buy more from a pharmacy. Miss Burkhardt recalled: "Most of our cases were typhoid. I remember the cook was scared to death and just would not come out of the kitchen. She was sure she was going to catch every disease there was, you know."



J.H. BELLEROSE, M.D.
S.W. HAMMOND, M.D.
M.R. CRAIN, M.D.
E.I. HALL, M.D.
W.W. TOWNSEND, M.D.
CHAS. W. STROBEL, M.D.

(Top l. to r.)



CHAS. S. CAVERLY, M.D.
N.J. DELEHANTY, M.D.
GEORGE RUSTEDT, M.D.
CHAS. A. GALE, M.D.
JAMES M. HAMILTON, M.D.
EDMUND M. POND, M.D.

(Bottom l. to r.)



At the annual meeting in March 1897, Mrs. Carmody, the matron, reported that in the previous six months 34 patients had been treated and 12 operations were performed. (Miss Burkhardt said the hospital's operating room, featuring a single small table, was the scene of some "very good surgery".) Of the 36 patients treated, 20 had been cured, nine had some relief, and five had died—three from accidents and two from natural causes. The nursing staff consisted of a head nurse, two student nurses and one probationer.

Nurses were allowed to do duty outside the hospital. Miss Burkhardt remembered being summoned to a farmhouse by a surgeon who placed the female patient on an ironing board. However, the family was suspicious of a lady from the city, so Miss Burkhardt was banished to the kitchen where she directed her part of the operation through family members.

In March 1897, city voters were asked to approve \$2,000 for the hospital. They voted it down, 664–374. That June, George Chaffee asked the city council to give the hospital a tax exemption. Assessed at \$11,000 the hospital got an exemption for that year. In September, only a year after it had opened, the hospital was in dire financial straits. Without additional funds, it would have to close. Again Chaffee came to the rescue and paid the deficit.

Julia Pierpoint died intestate in 1897. Since the hospital had not opened within the five-year period stipulated in Susan Pierpoint's will, a lower court judge ordered the money turned over to the Rutland Missionary Society. President Field appealed to the higher courts, and in 1900 the State Supreme Court reversed the decision and more than \$7,000 was turned over to the hospital. From then on, when money was tight, loans were made from the Pierpoint Fund.

Meanwhile, in March 1898, the hospital directors appealed to the voters for \$2,000. This time they did their homework. They explained their goals, needs and accomplishments. The campaign paid off. Voters approved the appropriation 832–410. From then until 1923, when the city decided to pay on a per-capita basis based on the number of charity cases treated each year, voters periodically approved varying monetary sums for the hospital.

In 1898 the matron's job was split into two positions—household administrator and hospital administrator. The latter was responsible for the two-year nursing program at the hospital, which consisted of four six-month terms. Out-of-town students paid \$50 for each of the first three terms. The last term was free. The students trained at the hospital and were given medical lectures by the doctors. Visiting hours were from 2 P.M. to 3 P.M. daily and the general public was allowed to visit from 2 P.M. to 5 P.M. each Thursday.

The year 1900 was a banner year for the hospital. In addition to gaining the Pierpoint decision, the hospital paid off the mortgages on the Nichols Street property. Donations also came in at a steady rate. In his report the following year, President Field noted that the hospital had treated 47 medical patients and 84 surgical patients. His reports continually called for additional rooms. There was no children's ward and the public demanded a maternity ward.



George Thrall Chaffee with grandson George Keen Chaffee.



First graduates of Rutland Hospital Nursing Program, 1898. (l to r) Annie (Johnston) Buswell, Mary (Mellow) Mason, Kate Grandey and Superintendent Agnes Carmody.

In 1903 Charles E. Paige, architect and builder, designed a new plan for the existing hospital building. New rooms were created, the operating room was moved and an etherizing room for anesthesia adjoined. An ell-section was altered so the nurses, matron and superintendent of nursing were housed in its third story. Room rates for 1903 were as follows:

Ward beds, \$10 per week; Lincoln Iron Works Room, \$12 per day;
King's Daughters Room, \$2 per day; Wallingford Room, \$2 per day;
for two beds in the Harris Room, \$2 per day apiece; for weekly stay
in the Harris Room, \$20 per bed.

Two years later the hospital treated 237 patients. The nursing staff numbered 19. More space was greatly needed. Construction of a new wing, under the direction of Noah LaRose, began in the fall of 1908. The new wing connected to the original building and ran southerly from it. It officially opened on 23 September 1909. It contained general and private wards, 19 private rooms, solariums, diet kitchen and elevator. The original building became the administration building where the nurses were housed on the second floor. The cost totalled \$21,000, of which only \$5,000 had to be mortgaged. New room rates for 1909:

four rooms, \$14 per week	10 ward beds, \$10 per week
three rooms, \$15 per week	four maternity beds, \$10 per week
10 rooms, \$18 per week	one maternity bed, \$25 per week
one room, \$21 per week	four beds in children's ward,
one room, \$25 per week	\$21 per week.

In October 1910, a new operating room and an additional ward were designed, again with Noah LaRose as contractor. The addition featured two new operating rooms with glass exposure for northern light, a men's ward and nurses' quarters on the second floor. LaRose, however, died during the project. He was replaced in August 1911 by F. H. Remington. Since Nahum P. Kingsley had donated \$5,000 to the project in memory of his wife Adelaide, the new section was called the Kingsley Memorial Operating Room. The addition cost \$21,000. Upon its completion the hospital had 19 private rooms, 10 ward beds and four cots in the children's ward.

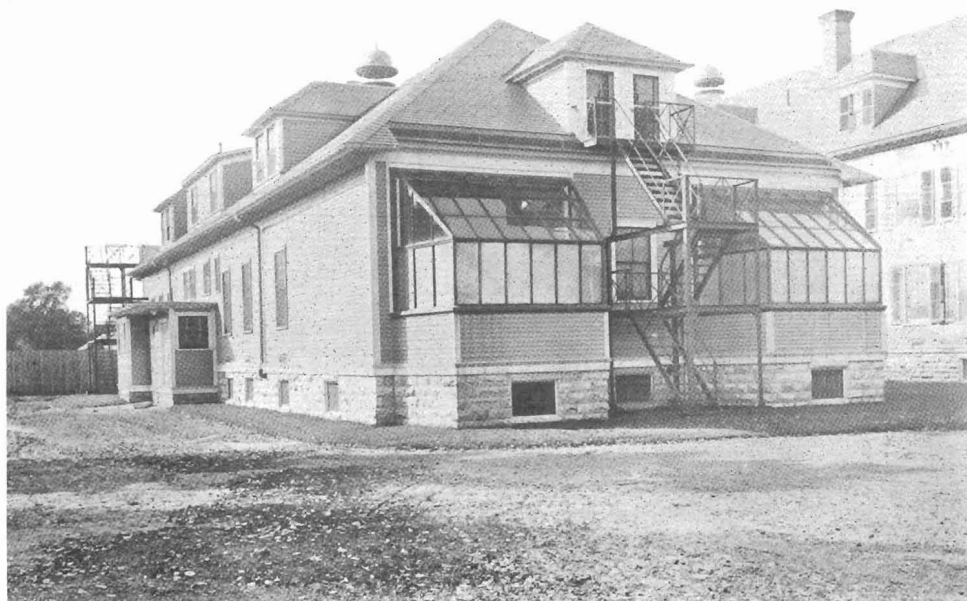
By April 1912, the operating annex was complete and the hospital facility was worth \$70,000. A new laundry room was built in the barn, which also housed the heating plant. The kitchen needed to be expanded, since the cooks were preparing meals for 60 to 70 people daily.

Laboratory facilities were established in 1913 and 1914. A new X-ray machine, operated by Dr. Ball and his assistant Dr. Hodsdon, was installed in the former anesthetic room in the main building at a cost of \$1,670. The old operating room next to the X-ray room was made into a laboratory for pathological and bacteriological work. Dr. B. Crain donated a pulmotor to restore breathing in case of patient asphyxiation.

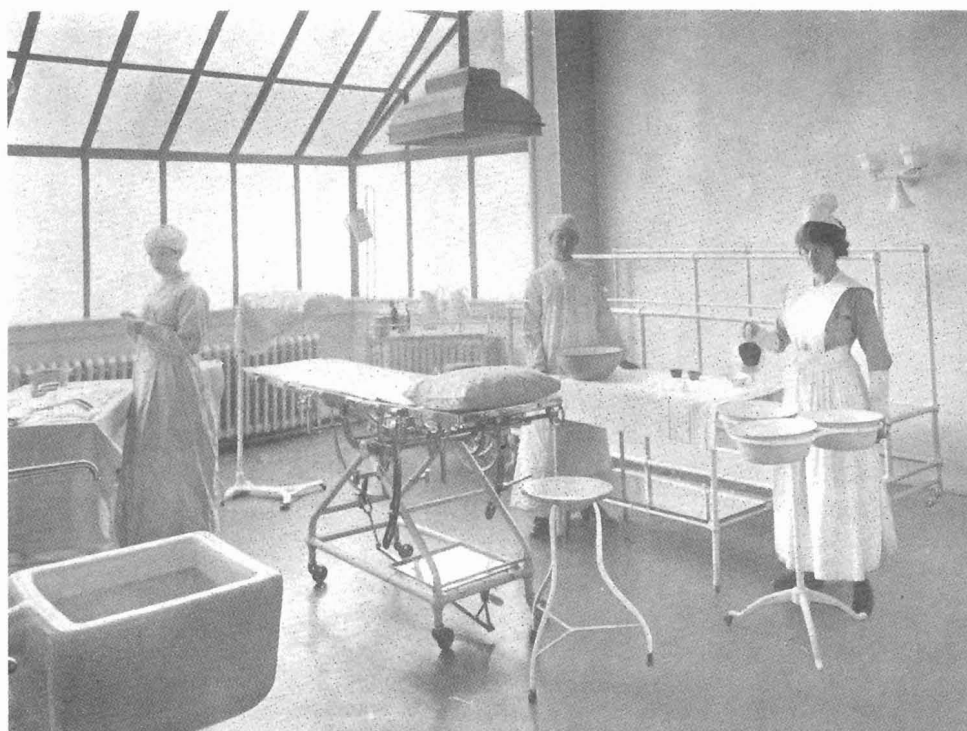
Two kitchens were merged into a single large one which was equipped with the most modern conveniences. A refrigeration plant, added to the north side



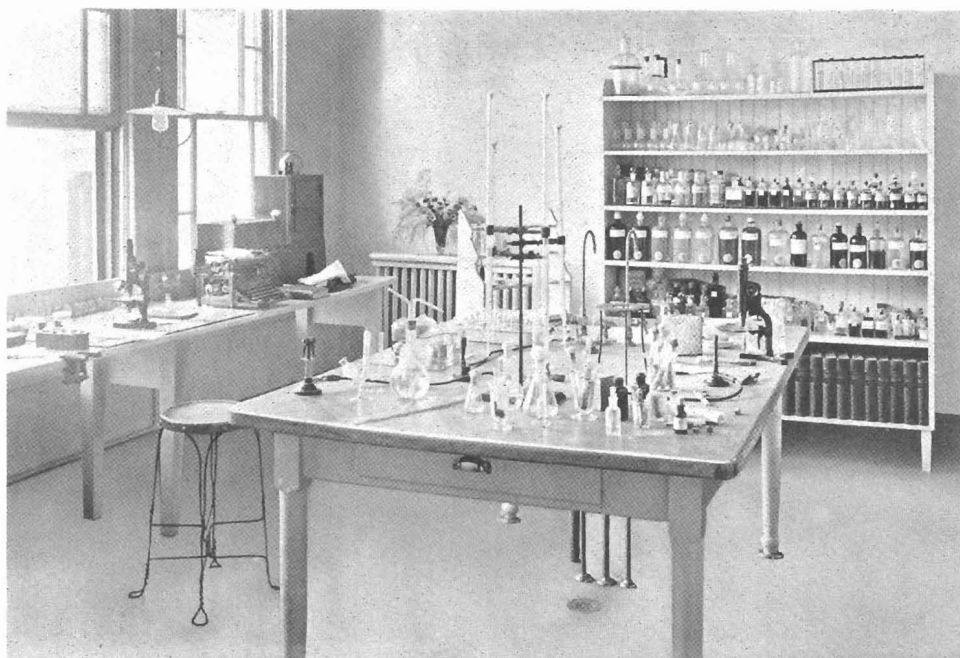
Hospital and new wing prior to World War I.



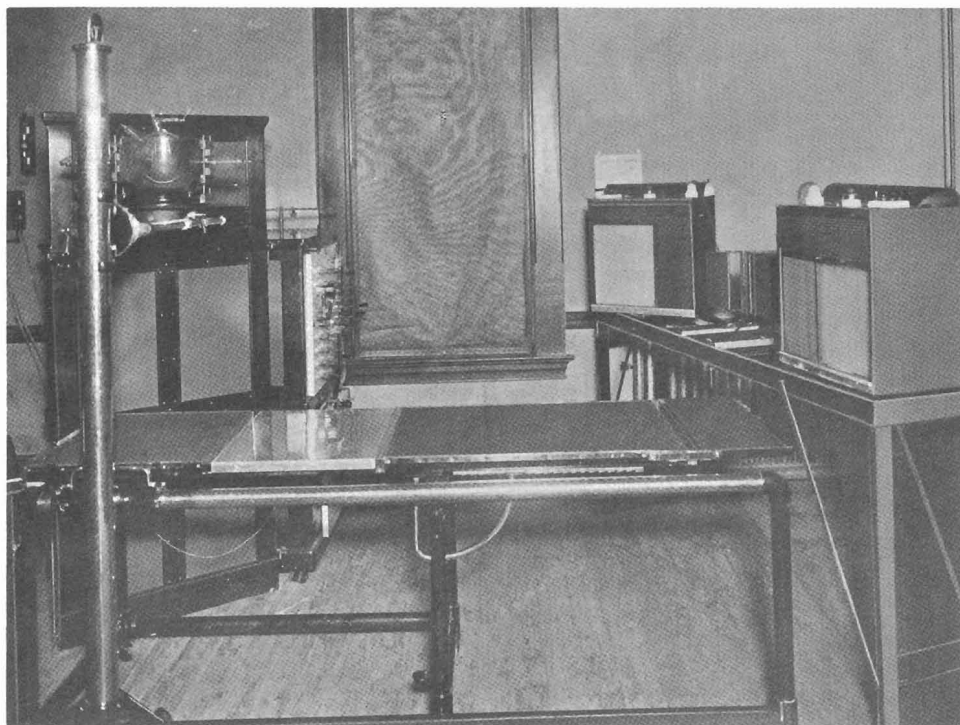
The Kingsley Memorial Operating Annex—exterior, showing north light.



Main operating room, interior—Kingsley Memorial Annex



The laboratory



The X-ray apparatus



RHS

Section of men's ward—new annex (north)



RHS

Section of men's ward—new annex (south)

of the kitchen, provided for the meat room and two dairy refrigerators. It was noted that the plant could manufacture 450 pounds of ice daily.

In 1914 there were six sheds on the north side of the building where the doctors could shelter their horses or park their cars. A telephone was installed in the shed so the physicians could summon their drivers. That year it cost \$24,595 to maintain the hospital. Salaries and supplies accounted for \$17,155 of the total. By March 1915, the deficit was only \$78. The staff had treated 796 patients the preceding year. The annual report in March 1917 revealed there had been an outbreak of scarlet fever and the need for an isolation unit was emphasized.

World War I, which for Americans began in the spring of 1917, was a particularly trying time for the hospital. Several of the staff doctors and nurses served in the war effort. These included Dr. William Stickney, Dr. William W. Townshend, Dr. George G. Marshall, Dr. F. H. Gebhardt, Dr. Ray E. Smith and Dr. James M. Hamilton. Another blow in October 1918 was the death of Dr. Caverly. He had been an original founder and a long-time hospital board member.

In the fall of 1918 a widespread outbreak of influenza caused the deaths of many Rutland residents. The hospital was seriously overcrowded. The 1919 annual report said the hospital treated 177 patients for influenza complications. Of that number 36 died. Most fatalities were in the 18-45 age group.



The kitchen showing double oven range and steam table



The Solarium—second floor, new wing

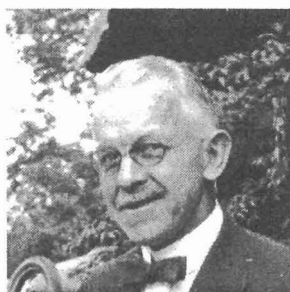
From March 1920 to March 1921, the hospital staff treated 1,124 patients, the largest number ever. The hospital had seen 11,500 patients since it opened in 1896. The hospital could accommodate 50 patients comfortably and the number could be stretched to 64. In March of 1921 there were 60 patients in residence.

The medical staff that year consisted of the following physicians: F. H. Gebhardt, S. W. Hammond, James M. Hamilton, A. H. Bellerose, Edmund M. Pond, Charles A. Gale, F. E. Quigley, George Rustedt, W. G. Hodsdon, H. R. Ryan, William Stickney, Ray E. Smith and D. J. Carroll. Specialist physicians were G. G. Marshall and Ralph H. Seeley, eye-and-ear specialists; Clarence F. Ball of Rutland and B. H. Stone of Burlington, pathology.

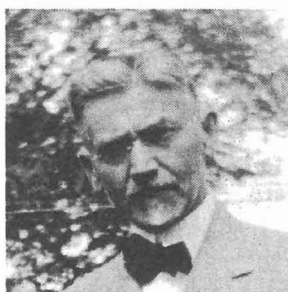
Visting times in that period: Private rooms, 10-11 A.M., 1-4 P.M., 7-9 P.M. Wards, 2-4 P.M. and 7-9 P.M. Visitors could have their morning and evening meals for 75 cents. The noon meal cost one dollar. Room rates included meals and general care. Use of the delivery and operating rooms, special nurses, X-rays and special medication was extra.

Interior improvements included a pharmacy in the operating section. The former east operating room had been turned into a delivery room and the nursery room was moved to that area. The children's ward was now located on the front side of the lower corridor. Fuel rates had doubled. Coal sold at \$14.25 per ton.

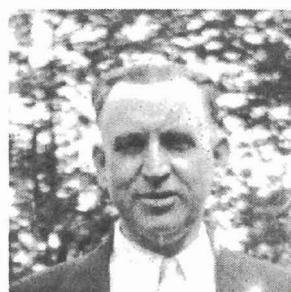
DOCTORS OF THE 1920s



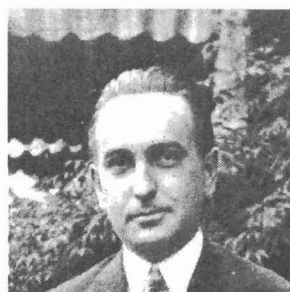
Dr. Ball



Dr. Bellrose, Sr.



Dr. Carroll



Dr. Cook



Dr. Cram



Dr. Estabrook



Dr. Everett



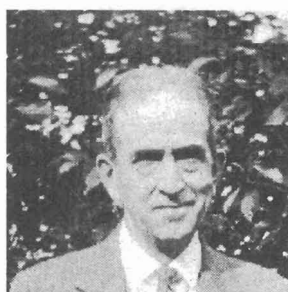
Dr. Fagan



Dr. Frost



Dr. Grinnell



Dr. Guiltinan



Dr. Hamilton

DOCTORS OF THE 1920s



Dr. Hammond



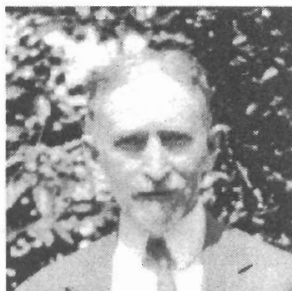
Dr. Hanrahan



Dr. Hinds



Dr. Hodsdon



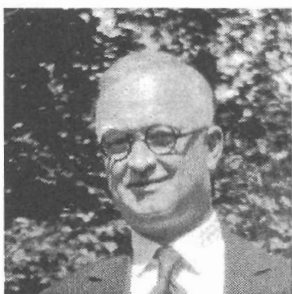
Dr. Marshall



Dr. Martyn



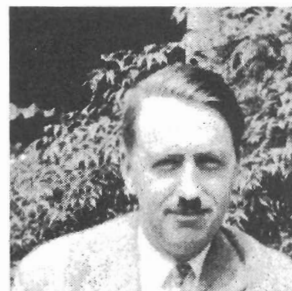
Dr. Miller



Dr. Powers



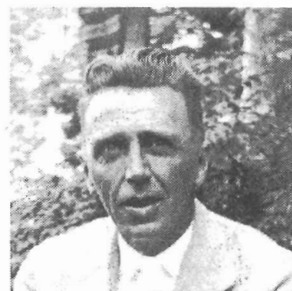
Dr. Quigley



Dr. Quinn



Dr. Ross



Dr. Ryan, Sr.

DOCTORS OF THE 1920s



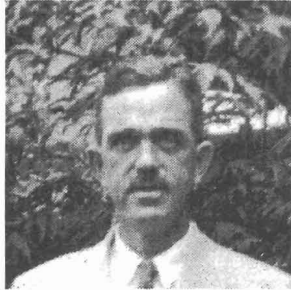
Dr. Seeley



Dr. Smith



Dr. Stickney



Dr. Swift



Dr. Williams

In 1923 the hospital had \$47,866 in trust funds. Disbursements listed in the annual report:

salaries and wages, \$17,299	pharmacy, \$1,545	new equipment, \$1,199
provisions, etc., \$23,261	lab, \$1,257	insurance, \$62
fuel, \$6,486	x-ray, \$282	telephone, \$119.

A new X-ray machine for deep therapy, the only one of its kind in Vermont, had been purchased that year. The previous June, 10 nurses had graduated, bringing the total of graduates to 121. Dr. Charles A. Gale of the staff had died.

The 1924 annual report said 1,388 patients had been treated and that the association had acquired a house on North Main Street about east of the Nichols Street facility, with a 50-foot strip connecting it to the hospital. Another staff physician, Dr. William Stickney, died in December 1924. He had been with Robert E. Peary's expedition toward the North Pole.

In his 1926 report President Field spoke of a fire in the coal shed that caused quite a scare but damaged only the heating plant and the laundry. Six new rooms and a bath were built over the laundry for the student nurses. Cost: \$1,500.

Brick Addition

The patient census constantly rose. Beds were set up in every available spot and there was still a long waiting list for admission. For a new building, Field

said in 1927 that \$75,000 would be needed. Plans must have been upgraded because in 1928 the sum was for \$125,000 over and above pledges. In November of 1928 Miles S. Sawyer became chairman of a building committee, serving with Dr. Clarence Ball, Samuel A. Howard, Richard H. Royce and Bernie C. Batchelder.

Personal losses for the hospital in 1928 were severe: Doctors Townsend and Smith and Director Egbert C. Tuttle died. Tuttle had been secretary since the hospital inception in 1893. In February 1929, the board authorized Field to sign a contract with a Boston architectural firm at a fee of six percent for the new addition. For the next year and a half Nichols Street was a beehive of activity. Charles G. Noyes of Rutland was the general building contractor.

Renovations were also made to the original hospital (Sheldon house). It was moved from its original foundation and divided into two. The front part was expanded and turned into training classrooms and a dormitory that could take 50 students. The back section, previously the kitchen, was expanded and became the maids' home. Local architect A. H. Smith was paid \$1,500 for that project.

When the new brick building was finished in the fall of 1930 the hospital's capacity rose from 70 to 120 beds. There were three stories and a basement. The latter housed the kitchen, refrigeration and dishwashing rooms, dietician's office, special diet kitchen, employee dining room and incineration room.

As one entered the first floor, the reception room was on the left. On the right was the business office, behind which was the superintendent's office. Directly in front of the entrance was the elevator, which opened off the side of the corridor so patients going to and from the operating room were protected from public view.

To the right of the entrance was a corridor that led to the wards. There were four four-bed wards, one two-bed ward and an isolation room that contained 10 ward beds. At the far end of the corridor was a solarium and fire escape. The nurses' station was behind the superintendent's office.

The second floor was reserved for private patients. There were 16 private rooms, two of which had their own lavatories, and another two-bed room which could be used as a single. A dietary kitchen, nurses' station, bathroom and a room for the care of flowers completed the second floor. A large balcony between the two buildings supplemented the solarium.

The third floor was devoted entirely to the obstetrical department. It had 11 ward beds, one two-bed room and seven singles. On the east side next to the old hospital were the delivery rooms and a room for the doctors and nurses. On the front was the nursery and an infant bathing room.

A central steam heating plant, steam cooking operation, electric automatic elevators, a nurses' call system and bedside radio service were some of the features of the modern fireproof building. Renovating the old building and constructing the new one cost a total of \$280,000. Local contractor Charles Noyes was paid \$203,472.

Even during the Great Depression, when the economy was at an all-time low, \$238,000 had been pledged. By 1932 only \$3,400 of that amount had not



Brick addition of 1931

been received. In 1930 Miles Sawyer of the building committee stated that \$160,000 had already been collected. He anticipated the hospital would end with a debt of \$60,000 for the entire project. (The actual cost eventually rose to \$293,000 and the remaining debt totalled \$70,000).

In May 1931, Henry Field, who had been board president since 1893, submitted his resignation and died soon after. He had guided the hospital from its infancy into a modern, financially solvent institution. He was succeeded by Miles Sawyer.



RHS

Egbert Tuttle



EASTMAN

Miles Sawyer

When the annual report was published in February 1932, the new hospital had been in operation for a whole year, treating 2,341 in-patients and 1,355 out-patients. Staff included 52 student nurses, their supervisors and 36 men and maids. Operating costs came to \$121,392 and operating income to \$127,544. A 500-volume library had been established for the nurses and patients.

The dietary department served a total of 184,152 meals at a cost of \$24,996. The following staples were used: milk, 9,125 gallons; butter, 4,488 pounds; eggs, 3,600 dozen; bread, 10,082 loaves; potatoes, 669 bushels; meat, 22,596 pounds; fowl, 4,320 pounds; fish, 2,160 pounds; sugar, 7,200 pounds; flour, 900 pounds; oranges, 2,376 dozen; canned goods (Number 10 tins) 3,312 cans; lard compound, 200 pounds.

The 1933 annual report commented: "Even hospitals cannot escape present-day economic conditions." Patronage was down and the hospital was carrying a big debt. Nevertheless, the directors had a sprinkler system installed in the old wooden part of the hospital and in the kitchen. A gift of \$1,000 made it possible to outfit the new physical therapy room.

From that year to 1934 the hospital lost substantially because it was unable to collect unpaid bills. In an austerity plan the payroll was cut by 10 percent (\$3,000) when employees agreed to reduced wages with the understanding they would return to full pay when times were better.

By the beginning of 1935 patronage had increased 20 percent over the past year. Two new courses — chemistry and psychology — were added to the nurses'

training program. Student nurses enjoyed a corn roast at Clarendon gorge, a Halloween party, a Christmas party, a sugaring-off party and a St. Patrick's Day dance. The hospital also rented a cottage at Lake Bomoseen for two weeks for the trainees. In later years the rental extended to a month.

These were the nurses in the hospital training program as listed in March 1935:

Senior Class: Ruth Fadden, Brandon; Emily Fenton, Middletown Springs; Mae Folomena Feore, Northbridge, Mass.; Rhea B. Horton, Rutland; Ruth Kaukonen, Chester; Jane Leininger, Rutland; Constance Monette, Rutland; Ruth E. Mooney, Wallingford; Marjorie Powell, Rutland; Pauline Rowlands, Poultney; Edith Stevens, Rutland; Beatrice Vancelette, Middlebury; Jennie Cook, Rutland; Shirley Glynn, Springfield; Alice Lavalley, Rutland; Elizabeth Thomas, Ludlow; Loretta Thull, Rutland; Amanda Churchill, Rutland; Marvel Guyette, Rutland; Margaret Hogan, Rutland; Marion Mead, White River Junction; Dorothy Mears, Castleton; Veronica Skovira, North Poultney; Jennie Willis, North Bennington.

Intermediate class: Charlotte Crossman, Wallingford; Lena Handley, Rutland; Anna Hendee, Rutland; Elizabeth Holbrook, Leominster, Mass.; Catherine Ladabouche, Proctor; Barbara Noyes, Salisbury; Norma Thompson, Rutland.

Junior class: Gertrude Baker, Danby; Veronica Farrell, Ira; Audrey Gragen, Rutland; Florence Gron, Lakewood, N.Y.; Marjorie Perkins, Randolph; Alma Raymond, Rutland; Ellen Undeen, Proctor; Mary White, Rutland.

Probationers: Edna Baird, Castleton; Mary Barrett, Rutland; Marjorie Griffith, Rutland; Florence Currier, Rutland; Helen Libuda, West Rutland; Leora Richards, Fair Haven; Fern Spaulding, Pittsford.

The following nurses had completed the three-year course in 1934:

Elizabeth Ryan, Rutland; Ruth Perkins, Lynn Center, Mass.; Betty Gould, Rutland; Dora Duval, West Burke; Gertrude Clark, Plainfield, N.H.; Rose Smith, West Swanzey, N.H.; Mary Lorette, Rutland; Geneveive Cannon, Rutland; Hazel McCarty, North Calais; Jessie Richmond, Brandon; Alberta Bruce, Rutland; Stasia Dollard, Rutland; Irene Courcelle, Rutland; Ruth Quigley, Rutland.

By the beginning of 1936 there often was no vacancy in either private rooms or maternity ward. The 1937 annual report noted an additional 20 beds were placed in remodelled space in an operating room and another four maternity beds were added to the sun parlor. Talk of a new addition was being heard.

The board hoped to pay off its debt of \$63,000 before long. To encourage donations annuities were offered to the public. If a person gave a certain amount to the hospital, he would receive five percent interest annually on that amount for life.

General duty nurses were in great demand. A recruitment campaign began in Burlington, Bellows Falls, and Montpelier. Between 1932 and 1937 four nurses and a dietitian had contracted tuberculosis. As a precaution, a dish sterilizer was installed to work with the central dishwasher. It became mandatory for all employees to have a chest X-ray annually.

The 1940 report put the hospital's net worth, including trust funds and real estate, at nearly \$600,000. From its opening in 1896 it had treated 46,491 patients, and 272 nurses had graduated from the training school.

During the past year a urological department had been established under the care of Dr. Louis W. Esposito. New equipment in that department was made possible by a gift from George A. Ellis, a businessman. The central supply room, organized in the spring of 1939 for dispensing dressings and treatment trays, now had a full-time employee in charge. Early in 1940 a Junior League, consisting of high school students, was formed by the hospital Ladies' Aid Society.

The 1942 report reflected the chaotic times caused by the United States' entry into World War II. Staff was reduced by five male employees who had been drafted. Two of the nine graduate nurses on staff had joined the Army Nurse Corps and a number of others had taken higher paying jobs at defense plants. Early in 1942 the American Red Cross Civil Defense Program began training 13 women as nurses' aides, under instruction from Miss R. Hazel Berry.

A blackout was planned each month for the duration of the war. Shovels, buckets and sandbags were strategically located throughout the buildings to combat incendiary bombs. All personnel were encouraged to take first-aid or air-raid warden courses. On the bright side, the hospital had finally hired a pathologist, Dr. W. P. L. McBride, who arrived in April 1942.

The 1943 annual report noted the hospital celebrated its 50th anniversary by paying off its debt. Contributions of \$2,000 apiece came from 10 people so the hospital could own its buildings free and clear. Operating costs ran \$230,000 for the year — average daily cost per patient was \$4.63. The hospital treated 4,315 patients between 1942 and 1943, the highest number ever. There were 140 beds available but one day there were 182 patients to house.

The government asked all nurse-training schools to increase enrollment. In March of 1943 the student nurses here numbered 78. Because the dormitory could accommodate only 50 students, some were housed in private homes. Since there was rationing of gas and tires, the camp on Bomoseen was cancelled. So were the dances, because most of the available young men were at war.

Scarcity was the word most often used at the hospital in 1944. The dietary department had a difficult time finding food for the growing number of patients. Meat was the hardest item to come by. The Vermont Blood Plasma Bank, which had been in operation about a year, collected about a dozen flasks each week from donors at the hospital. By the beginning of 1945 more than 500 Rutland area people had given blood. Four staff physicians had joined the war effort. After 20 years as assistant superintendent, Mrs. Catherine Lombard Clifford resigned.



Making bandages, 1942



Nurse Billado receiving ambulance patient at Nichols Street

Modernization took place in the lab and X-ray departments. A large number of people underwent allergy tests. However, the most revolutionary test was the Pap Smear to detect cervical cancer. It was past the experimental stage but had not been used extensively throughout the country. In 1946 Dr. McBride, head of the lab, gave a paper on the procedure before the American Cancer Society, using research conducted at the hospital's tumor clinic.

From 1935 to 1945 the hospital's daily average of patients rose from 80 to 133. The number of patients treated in the urology department increased four-fold and the number of out-patients increased 100 times. The birthrate had doubled. So, by the start of 1946 the hospital had hired architects to design an addition to the three-story brick building. The structure was to be topped off with a new fourth floor. Total cost was estimated to run \$500,000.

By the end of the war several new pieces of equipment had been purchased. The Lions Club contributed funds toward a tub used to treat polio patients. It was the first one available in Vermont. Wages for graduate nurses were \$150 a month. In September of 1946 it was decided to hire a business manager, superintendent of nurses and an operating room superintendent. On 18 December of the same year Miles S. Sawyer, board president since 1931, died. In his honor the new Sawyer Memorial Library for medical and surgical staff was constructed. Treasurer Earl S. Wright succeeded Sawyer.

The 1948 annual report said U.S. Senator George D. Aiken had helped in procuring three portable electric generators, which would give the hospital electricity in cases of emergency like the crisis caused by the flood of June 1947.

The Hill-Burton Act, passed in 1946, gave federal funds to states for construction or modernization of hospitals. A Chicago firm was hired to lead a fund-raising drive from March to June 1948 for the hospital's new addition. The board hoped to raise \$450,000 through subscriptions and \$225,000 in federal aid. Rufus E. Brown, head of the local Coca-Cola Bottling Company, headed the campaign. He was assisted by Earle S. Kinsley and Dr. John M. Thomas. It was a disappointment when pledges fell short of the goal.

During 1948 and 1949 the hospital administration was restructured. On 1 July 1948, the superintendent of nursing, Pearl (Churchill) Stone, who had held that position since 1923, resigned to make way for the new administrator Francis Clark Houghton. He was hired at a salary of \$7,500 per year. Early in 1949 Mrs. Irma Olson began duties as superintendent of nurses and director of the training school, at the rate of \$275 per month.

In March 1949, the bombshell hit. The hospital deficit totalled \$117,000. Most had been incurred during the past year due to rising wages, decreasing occupancy, an inadequate accounting system, and a collection policy that allowed \$75,000 in delinquent bills of discharged patients to remain outstanding.

That spring the board declined Mayor Dan J. Healy's offer to have the city take over the hospital. A special election was called and the board put on a media blitz to convince voters to approve a special levy to bail out the hospital. On 17 May 1949, the ballot item was defeated 2,337-1,537.



RHS

Catherine Clifford



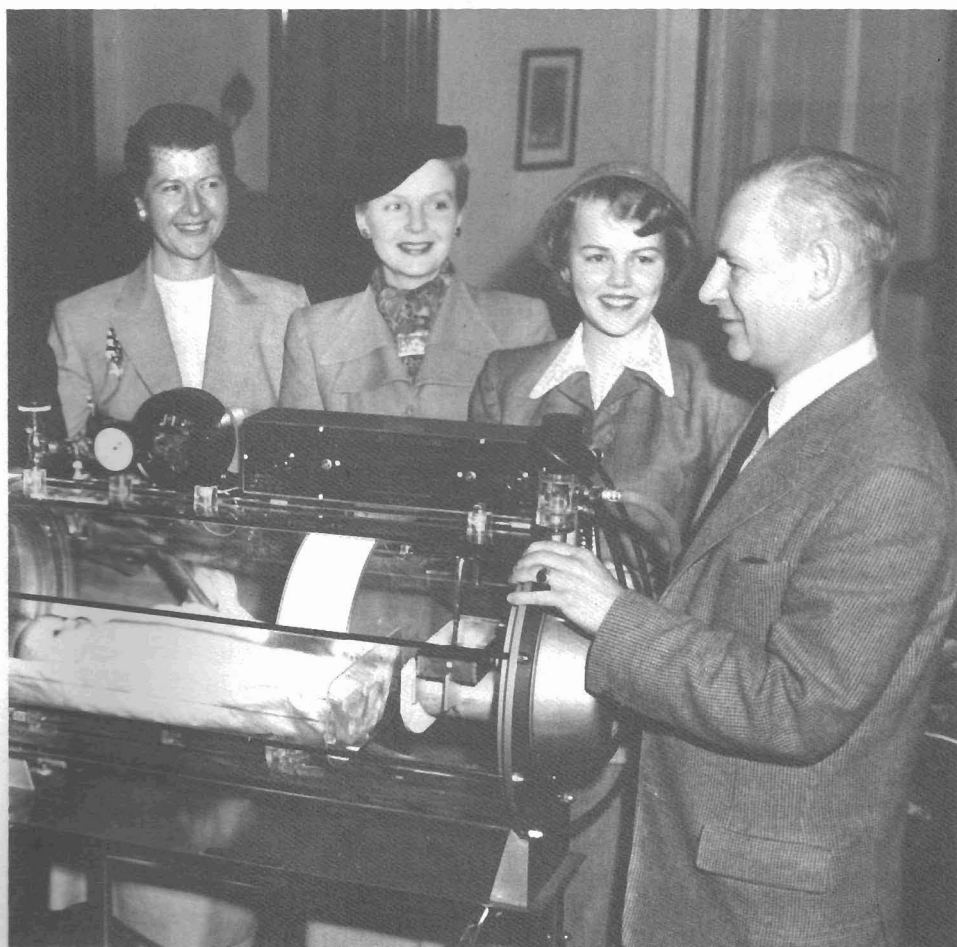
MERUSI

Earl Wright



RHS

Pearl Stone



RRMC

Hospital Auxiliary members (l. to r.) Mrs. George Ravit and Mrs. Wofford T. Caldwell with Cotillion Director Carlene King Johnson and Hospital Administrator Frank Houghton.

Mayor Healy criticized the board for giving the public misleading information. He and the voters were of the erroneous opinion that the hospital had a large amount of endowment funds that could be put against the debt. However, most of those funds were targeted for specific uses and in many cases only the interest could be used.

The day after the election, President Wright was replaced by the first vice president, Frederick S. Allen. William Johnston was moved up to first vice president; John L. Cootey became second vice president and Rufus Brown was elected secretary. Needless to say, the office of treasurer was not a sought-after position. Local banker Stetson Edmunds was approached. Upon his refusal a special committee was set up and finally George Smith agreed to serve as treasurer.

By June the hospital faced bankruptcy. The board lowered maternity rates to be competitive with Proctor Hospital. The training school was closed. The older sections of the hospital were closed. A total of 20 nurses were laid off.

It took a local businessman to save the day. In June Albert W. Macauley, owner of Prouse's Restaurant, formed "Hospital Associates, Inc.", sponsored by 28 county fraternal organizations. As its executive director, he put together a massive county-wide campaign. He asked the Rutland County Nurses' Association to volunteer the services of its members. Off-duty nurses canvassed each town door-to-door for the next two months. Everyone seemed to be involved. The hospital directors contributed \$5,000. Even children and groups, such as the Girl Scouts, held pet shows, circuses and sold punch to raise money.

By August first, \$69,000 had been collected and the feared closing of the hospital in the middle of that month was averted. All concerned expressed gratitude to Macauley and the "flying squadrons" of nurses. On 27 August a six-foot check for \$100,000 was presented to President Allen. The unbelievable had been accomplished. Macauley, at the time confined at the hospital with a back injury, celebrated his 62nd birthday by saying: "It was strictly a spontaneous campaign. We had to do it. For a local drive organized on the spur of the moment, I think it was tremendous. The fact that you can go out and raise \$100,000 shows that community spirit still runs high in the county."

The next several years were a time of reorganization and stabilization. Still "deep in the woods" financially, the board grappled with finding a long-term plan that would make the hospital fiscally sound. As Allen stated in the 1950 report: "The responsibility for the support of The Rutland Hospital lies directly on the doorstep of every home in this area." Too many times the board and its few backers had made up deficits quietly. The public took it for granted that the hospital would always be there. Another problem under discussion was whether the hospital would add to its complex or construct a new building at a different site. An outside survey was authorized to give advice on that subject.

In 1950 Rutland and several other towns approved ballot items allocating \$10,000 to \$12,000 to the hospital. Studies resulted in a \$2,000 annual reduction in all departments. In March the training school was closed, for another \$6,000 in annual savings. Seniors were allowed to finish the course and graduate in September, but undergraduates were sent to other schools.



(L. to r.) Frederick Allen and Albert Macauley

In July of the previous year Alex Nemeth had been hired as controller of the Accounting Department. Irma Olson resigned as head of the training school. The primary new service was institution of a recovery room.

On the first day of 1950 a long-delayed pay increase went into effect. Miss Pauline Billado was chosen as new director of nursing services that year. The



RMC

Alex Nemeth

MERUSI

Pauline Billado

SEWARD

Ned Shaw

MERUSI

John Cootey

1951 annual report noted Dr. Wendell E. James replaced Dr. McBride as laboratory head. The hospital was proud that it had not had a maternal death in obstetrics since July 1948.

In the aftermath of a hurricane in November of 1950 a standby diesel generator and emergency lights were installed. Recently the fire alarm had been connected directly to the fire station.

Late in 1950 the directors had discussed a survey by representatives of the New England Medical Center of Boston and the United States Public Health Service. They said it would be more feasible to build a new hospital at a different site than to add to the existing facility. The next spring Robert Accavallo, chairman of the Advisory Council, and local architect Payson Webber agreed with the survey. They reasoned that the cost of buying additional land and building a new facility would outweigh the benefits of remodelling an outdated structure.

It was Edmund P. (Ned) Shaw who called attention to the Chaffee farm on Allen Street which was about to be sold to the Lindholm brothers for \$15,000. Lloyd Aldrich and Shaw persuaded the Lindholms to give up their claim, thus opening the way for the hospital. In 1951 the board bought a one-third interest in the farm from John L. Cootey, and later that year the remaining two-thirds were deeded to the hospital by Cootey and Frances Chaffee Lewis. The board reckoned if the hospital did not build on the 159-acre site it could always be sold. Much criticism was directed at the board for spending \$15,000 when the hospital was in financial straits.

Meanwhile, the hospital became seriously overcrowded. In the year before the 1952 annual report it treated 5,852 patients, the highest total ever. Although rates had not risen since 1949, the hospital netted \$2,863 after expenses. It employed 185 people and their work week had been cut from 48 to 44 hours.

President Cootey revealed in the 1953 annual report that the hospital had treated 6,215 patients during the year and 98 cents out of every dollar owed was being collected. Nurses had their hours cut to 40 hours per week. Until the State Supreme Court ruled that non-profit organizations could be held liable, the hospital paid only \$100 per year for malpractice and liability insurance. Suddenly the premium rose to \$2,300 per year.

During the spring of 1954 the board forged ahead with plans for a new hospital. Ellerby & Co. got the architectural contract, which called for a commission of seven percent of construction cost, plus travel expenses.

That August two committees were appointed: Building Committee: Harold L. Durgin, chairman, Charles Montgomery and John D. Carbine. Building Finance Committee: John A. M. Hinsman, chairman, and Gardner Caverly. Ex-officio members of both committees were Board President John R. McLaughlin and Administrator Houghton. Albert A. Cree was named chairman of a six-month fund-raising campaign for which a professional fund-raising firm, Will, Folsom & Smith, was hired. The architects predicted the new four-story brick structure would have 1,076,000 cubic feet at \$1.67 per cubic foot, for a cost of \$1,800,000. Federal funds would pay a portion of that sum. So the campaign goal was set at \$1,200,000. Fund-raising activity began on 1 September, lasting to the end of February 1955. Office space in the White Building on West Street was rented from the John Hancock Insurance Co.



Harold Durgin



Albert Cree



John Hinsman



Hospital Cotillion, 1955

A New Hospital

Meanwhile, the board considered several possible new sites, but finally decided to build on the Chaffee farm at Allen Street and Stratton Road. When the board held its annual meeting in the spring of 1955 at the Bardwell (they dined on roast beef at \$2.50 per plate), it was announced that total pledges amounted to \$1,145,582.

However, the chief problem with the Chaffee farm site was lack of adequate sewer and water. In March of 1956, Rutland City voters were asked to approve a bond issue for improving road, sewer and water for the hospital. It went down to defeat. The hospital tried again at a special June election. This time the board offered to build a water tower for \$50,000 to improve pressure throughout the area. Again the ballot item was voted down. It was voted down again in September.

Finally, that month the board approached the aldermen with a new proposal. This time the board would turn over \$60,000 to construct a 12-inch main to Stratton Road, if the city would agree to pay for the rest of the sewer line. The aldermen agreed and a building permit was issued soon after.

In September the board awarded the construction bid to S. Perini & Sons of Framingham, Massachusetts, at a cost of \$2,162,588. Ground-breaking took place on 4 October 1956. In February of the following year the board sold 13 acres of the Chaffee meadow on Allen Street for \$25,000 to the Rutland City school system. That became the site for the new Southeast School.



Surveying at site of new hospital on Allen Street

At the 1958 annual meeting in March, Administrator Houghton outlined plans for moving to the new quarters. After the meeting Guy Wilson, owner of Wilson Moving and Storage, Inc., asked if truck owners could assist in the operation. As a result nearly all of the area truck owners, both union and non-union, donated services to the move, along with ambulance drivers. This saved the hospital more than \$5,000.

Dedication ceremonies were held on 20 September followed by a two-day open house. Nearly 20,000 people toured the new 155-bed facility.

On Saturday, 4 October 1958, the final move was made to the new hospital. In just two and a half hours all 62 patients had left the old building. Five went in private cars and nine by ambulance. The rest were wheeled in their beds onto trucks that slowly drove them to Allen Street. Afterwards, the truck drivers and members of local service clubs removed the remaining equipment and goods. By 2:30 P.M. the old hospital stood vacant. An era had passed.

By the latter part of the next year, the hospital had a burdensome \$348,000 mortgage at five percent interest, though in 1960 increased income allowed the principal to be lowered to \$253,000. On Nichols Street a wooden section between the brick structure and the old nurses' home was torn down. Eventually, Dr. Thomas Keenan bought the land and brick structure for a clinic, for \$50,000. Walter Gartner had purchased the student nurses' home and that was being used as a nursing home (now part of Pleasant Manor Nursing Home).



New hospital under construction on site of old Chaffee farm

In 1962 the hospital paid off its mortgage and very soon began planning for a much-needed fifth floor. Construction bids were much higher than expected and eventually were awarded to Wright & Morrissey of Burlington. The total cost would be \$954,000 for construction, equipment and architect fees. Hoping to receive \$200,000 in federal funds, the hospital took out a \$500,000 mortgage at five percent interest to be paid off in 10 years.

Again, Harold Durgin was called upon to be Building Committee chairman, assisted by John R. Books and Dr. George Ravit. Albert Cree was in charge of the Finance Committee. Construction began in September 1963, and ended with the ribbon-cutting on 9 September 1964.

The new floor housed a 10-bed intensive care unit and a medical-surgical unit of 44 beds. This brought the hospital's capacity to 207 beds, of which 33 were private rooms. The charge for intensive care was \$45 a day. The recovery area and laboratory were also enlarged.

Medicare, which went into effect by July of 1966, had a great effect on use of the hospital, since it provided health insurance for those over 65. By the fall of that year 60 percent of the hospital patients were 65 or over. Before Medicare, only 25 percent of the patient census was made up of people in that age group. Lack of federally-certified nursing homes complicated discharge planning.

During the spring of 1967, the hospital contracted again for planning an addition. The design called for adding 100 beds, bringing the total to 307. There was also to be an inhalation therapy area, a mental health unit, as well as an area to store and distribute supplies. The cost was estimated at approximately \$6 million.

General Chairman Cree led the \$2 million expansion fund campaign which was delayed until the fall of 1968 because of adverse economic conditions. During the next year the goal was exceeded. A "completion fund campaign" under the direction of Henry Carris, raised another \$100,000 toward the project.

Only a small amount of federal aid was available, and there was concern over rising interest rates. Cree and board treasurer Byron O. McCoy took their case to the State Legislature. They were instrumental in the passage of the Hospital Buildings Financing Act. It established an agency through which bonds could be issued at a greatly reduced rate of interest, thus saving the hospital many thousands of dollars.

A positive aspect was construction of two new Medicare-certified nursing homes nearby, alleviating some of the overcrowding at the hospital. At the time Proctor Hospital closed in September of 1968, a nursing home off Mussey Street (now McKerley Health Care Center) opened for business. Another, Eden Park on Allen Street, was under construction.

Several staff changes took place during this period. At the start of 1968 John P. Richwagen became associate administrator. During the year a new department of neurology was established under Dr. Margaret M. Waddington. In 1969 Dr. Peter Upton was persuaded to become the hospital's first staff neurosurgeon. In that year Ronald Jacobus became the first male director of nursing service. Due to an extremely busy emergency room, Dr. Donald Bashaw was hired as the first full-time physician in that unit (at 50 hours per week).

When the hospital opened on Allen Street after moving from Nichols Street these were the members of the administrative and professional staffs offering their services to an ever-growing number of patients.

Administrative Staff

Francis C. Houghton, administrator; Alex I. Nemeth, assistant administrator and comptroller; Dr. Benjamin F. Cook, roentgenologist; Dr. John R. Williams, assistant roentgenologist; Dr. Wendell E. James, pathologist; Miss Pauline Billado, R.N., director of nursing service; Mrs. Katherine F. Gilbert, supervisor of operating room; Harvey T. Martin, pharmacist; Mrs. Helen Templeton, chief dietitian; Mrs. Mary I. Small, housekeeper; Albert Wasik, chief engineer; Mrs. Gwendoline Holton, physical therapist; Miss Mary Eldridge, medical records librarian; Miss Mary Provost, chief admissions officer; Mrs. Carolyn DuPaul, chief telephone operator.

Professional Staff

Active Medical Staff

Dr. Alberic H. Bellerose, Dr. William W. Brislin, Dr. Kevin M. Cosgrove, Dr. Frederick A. Harrington, Dr. Wendell E. James, Dr. Thomas A. Keenan, Dr. William J. Powers, Dr. William A. Pratt, Dr. George J. Ravit, Dr. Harry R. Ryan, Jr., Dr. Gordon B. Smith, Dr. J. Carleton Stickney, Dr. John R. Williams, Dr. Arthur D. Wolk.

Associate Medical Staff

Dr. Emmett L. Fagan

Active Surgical Staff

Dr. Louis Esposito, Dr. Weston C. Hammond, Dr. Edward J. Layden, Dr. Victor J. Pisanelli, Dr. Stewart Ross, Dr. Ralph H. Seeley, Jr., Dr. Maxwell H. Thompson, Dr. John J. Tomasi.

Gynecological Division

Dr. Clara Benson, Dr. Henry L. Pratt.

Orthopedic Division

Dr. Bernard J. Hubenet.

Ground-breaking ceremonies took place on 17 November 1969, with Board President Alfred J. Beauchamp and Dr. Henry L. Pratt, president of the medical staff, wielding the ceremonial shovels. After 22 years at the hospital's helm Francis Houghton retired in December of the following year. John Richwagen took his place and Alex Nemeth moved up to associate administrator and comptroller.

During 1972 another phase of government control over costs went into effect. Several departments were moved into new quarters. A second full-time emergency room doctor was hired and an occupational therapy unit was established. There

Associate Surgical Staff

Dr. Edward J. Bove (gynecological).

Dr. Robert P. Darrow (orthopedic).

Honorary Staff

Dr. Clarence E. Fagan, Dr. Edward E. Hinds, Dr. Benjamin F. Cook, Dr. Emelie M. Perkins, Dr. William D. Small, Dr. Charles H. Swift.

Consulting Staff

Dr. Louis Benson, Dr. R. M. P. Donaghy, Dr. Arthur Q. Penta, Dr. Frederick C. Thorne.

Courtesy Staff

Dr. Donald Bashaw, Dr. Nelson S. Bigelow, Dr. Mitchell D. Carey, Dr. B. D. Colby, Dr. Arthur J. Dick, Dr. B. L. Emerson, Dr. J. Seeley Estabrook, Dr. Albert H. Fregosi, Dr. Henry J. Fregosi, Dr. C. E. Griffin, Dr. Everett B. Holmes, Dr. J. H. Howard, Dr. Elmo J. Hudson, Dr. W. N. Huntington, Dr. R. S. Merriam, Dr. R. H. Neal, Dr. E. G. Pingree, Dr. James J. Reedy, Dr. L. A. Sanders, Dr. Frank J. Smolinski, Dr. E. C. Stannard, Dr. E. J. Swinyer, Dr. L. A. White.

Dental Staff

Dr. E. E. Bloodworth, Dr. Battista Chiolino, Dr. Bradford C. Godfrey, Dr. Earle E. Johnson, Dr. George H. Larson, Dr. William E. Lovett, Dr. Edward K. Reiman, Dr. William Reardon, Dr. Edgar Van Santvoord, Dr. Edward Woods, Dr. S. S. Wysolmerski.

Board of Directors

William B. Shangraw, Charles Montgomery, Laurence D. Ward, Roland Q. Seward, Albert A. Cree, William H. Adams, John Fenton, Louis Kazon, Raymond S. Seward, Joseph Foley, Henry Carris, William A. Onion Jr., Edwards S. Carpenter, R. Clarke Smith, Walter Randall, Mayor Francis Waterman and Mrs. William H. Farwell, ex-officio.

Officers

Raymond S. Seward, president and chairman; Roland Q. Seward, first vice president; William A. Onion Jr., second vice president; Laurence G. Ward, secretary; George G. Smith, treasurer.

was a new security service with trained police officers. In March 1973, Robert LaGasse became the first director of the new personnel office. When the expansion was finished, the hospital had doubled in size and put into effect its radial system of arranging rooms and nurse stations. On 10 June of that year, nearly 1,000 guests toured the hospital at its open house.

In September of the next year, a helicopter pad for transfer of emergency patients was completed on the southwest side of the hospital. The 1975 annual report said that hospital personnel had treated 31,390 patients during the year. A discharge planner had been added to the staff; the 10-bed intensive care unit



Byron McCoy



Henry Carris



*Ground breaking, 1969
Dr. Pratt (l) Al Beauchamp (r)*

(Top l) In 1969 Dr. Henry L. Pratt, president of the medical staff and board president Alfred J. Beauchamp are shown breaking ground for the hospital addition.

Byron McCoy and Henry Carris (top r) were key players in financing the expansion.

(Below) There have been four executives in charge of hospital administration since 1969: (l to r) John Richwagen, administrator 1969-1981; Richard Schmidt, administrator 1982-1989; and James Bowse, president 1989-.

Not pictured is William Mayne, interim administrator 1981-1982.



James Bowse



Richard Schmidt



John Richwagen

on the fifth floor was remodeled; a third-floor wing underwent alteration for another 13 beds.

From the hospital's inception to the present, volunteers have been vital to its operation. The growing number of volunteer organizations led the hospital in 1976 to hire Nancy M. Eitapence as "Volunteer Services Coordinator". Then followed the first annual "Recognition Luncheon". Also, in that year the first hospital employee picnic was enjoyed by 500 people at Branbury State Park on Lake Dunmore.

The Hospital Auxiliary has been a constant source of assistance to the hospital since the beginning. In 1977 there were 83 members under Mrs. John Bloomer. The beginning of that year marked the 29th year the Red Cross "Gray Ladies" had been at the hospital. During 1976, 53 Gray Ladies had served 6,317 hours at the hospital under the chairmanship of Mrs. Theodore Mandeville. Other volunteers came from groups of teenagers, the Retired Senior Volunteer Program, the Rutland Jewish Center Sisterhood and the Rutland Garden Club. The Garden Club planted 20 trees on the hospital grounds.

When the 1977 annual report was released, the hospital was the second largest employer in the area, with 700 on the hospital payroll and 70 members on the medical staff. Administrator Richwagen reported that the years 1972 to 1977 had been a time of turbulence and change for the hospital. Costs rose 700 percent in three years. The board agreed to sell land on the east side of Stratton Road to Mid-Vermont Orthopedic Associates for \$40,000, for an office building (3 Albert Cree Drive).

In February of 1978 a massive blizzard hit the area, making ordinary travel impossible. Mayor Gilbert Godnick organized a volunteer effort to transport hospital employees. It was a common sight to see a nurse whizzing along on the back of a snowmobile headed for her shift at the hospital. It was a year that the annual operation totalled \$12 million, handling 12,000 patients and 75,000 out-patients.

When Lenny Burke was hospitalized in 1979 as the result of head injury in a basketball game, the outpouring of community support was overwhelming. The hospital board released the following statement: "The Rutland Hospital will forgive all or any portion of the hospital bill for Lenny Burke which the family cannot afford to pay. This has been and continues to be the hospital policy in such cases."

Beginning in the fall of 1979 a very successful fund-raising effort gained pledges of \$200,000 or more toward the purchase of a Computerized Tomographic Scanner (CAT Scan) for rapid accurate diagnosis. The full-body scanner was installed in February 1981, and was used 1,000 times during the first year. No longer would patients have to travel to Burlington or Hanover, New Hampshire, for this service.

Between 1980 and 1982 there were several staff changes at the hospital. Administrator Richwagen left early in 1981, succeeded temporarily by William R. Mayne until the following May, when Richard Schmidt from Phoenix, Arizona, was hired as administrator. Dr. Donald E. Stanley was named director of the laboratory when Dr. Philip Merriam retired. In 1982 Dr. Joseph R. Quinn replaced Dr. Donald Bashaw as head of the emergency room.



1982—(l to r)—**First row:** Dr. A. Zak, Dr. J. Tomasi, Dr. E. Layden, Dr. H. Fregosi, Dr. E. Fagan, Dr. M. Mainville, Dr. H. Weaver, Dr. B. Bonazinga, Dr. T. Maletta, Dr. P. Merriam, Dr. J. Booth, Dr. S. Cancio-Bello, Dr. E. O'Riordan, Dr. D. Stanley; **Second Row:** Dr. G. Ravit, Dr. J. Radamacher, Dr. J. C. Stickney, Dr. D. Bashaw, Dr. S. Gorman, Dr. J. Gray, Dr. T. Fox, Dr. D. B. Wheeler, Dr. R. Houle, Dr. H. Sherburne, Dr. R. Ross, Dr. R. Baker, Dr. H. J. Wallace, Jr., Dr. D. Wolins, Dr. R. Andrews, Dr. G. Kelly, Dr. L. Esposito; **Third Row:** Dr. J. Jordan, Dr. J. Wheeler, Dr. T. Shattuck, Dr. M. Plum, Dr. S. Brittain, Dr. D. Keller, Dr. D. Carl, Dr. D. Dingman, Dr. V. Pisanelli, Jr., Dr. B. Ellman, Dr. R. Darrow, Dr. G. Smith, Dr. P. Upton, Dr. J. Thomas, Dr. A. Wolk, Dr. A. Herzen, Dr. D. McIntyre; **Fourth Row:** Dr. F. Bagley, Dr. C. D. Schoenfeld, Dr. S. Rosmus, T. Ryan (Chairman of Board), Dr. C. Stewart, Dr. B. Hubenet, Dr. W. O'Rourke, Jr., Dr. F. Harrington, Dr. D. DeSilvey, Dr. A. Coghlan

Early in 1983 the board leased land on Stratton Road next to the hospital to a separate non-profit organization which managed the Rutland Regional Ambulance Service. That new service opened by August of that year.

The name of the hospital was changed to "Rutland Regional Medical Center" in January of 1983, to take effect in April of that year, reflecting a broader scope in area and service as a sophisticated and innovative health center.

In this decade the hospital corporators also created a holding company, Comprehensive Health Resources, Inc. (CHRI), Martel Wilson, board chairman at the time, described its purposes:

- To protect the assets of the medical center and its affiliated organizations.
- To attract capital through non-traditional methods.
- To provide operational flexibility.
- To serve as a catalyst for strategic planning.

Continuing progress in medical technology demanded that capital equipment be purchased. Much of this was sophisticated diagnostic equipment that helps to determine the best treatment plans.

In 1986 a "Redevelopment Fund Campaign" set a goal of \$1.8 million. Phil Alderman was chairman and Henry Carris was honorary chairman. At the December appreciation dinner, gifts and pledges of \$1.9 million were announced.

Rutland East, featuring a new main entrance and a total of 93,000 square feet added to the center's facility, was completed in late 1989 at a total cost of \$10 million. Rutland East contains outpatient services and a linear accelerator for treatment of tumors. Outpatient services include cardiopulmonary testing, neurophysiology testing, medical oncology and an expanded admitting department. James T. Bowse became medical center administrator in time to preside over the opening of Rutland East.

In the past decade, Comprehensive Health Resources and the Rutland Regional Medical Center have continued their efforts to serve the community. These efforts reflected the inexorable transition to the health care business from the more limited hospital business. Rutland Regional Medical Center could only serve its mission by thinking of itself as a community-wide health care provider. Furthermore, it could only survive by diversifying into outpatient and physician activities.

CHRI followed its strategy in a myriad of ways. CHRI was viewed as the framework for the development of an integrated health care system. This development was either alone or in partnership with other organizations. Such developments included:

- Joint venture development of two "Assisted Living Communities", The Meadows at East Mountain in Rutland, and Equinox Terrace in Manchester
- Purchase of the Manchester Medical Center to develop a primary care presence
- Joint venture partnership to form Vermont Sports Medicine
- Partnership and coordination with Rutland Area Visiting Nurse Association (RAVNA)
- Formation of the Rutland Region Physician Group to address the primary care shortage in the region. The group currently has nineteen providers in six offices

- Development of a local health insurance alternative for area businesses through the formation of the Rutland Regional Physician Hospital Organization

The challenge of the 1990s and beyond might be described as “doing more with less”. Projects in and out of the hospital continued to focus on giving the right care, in the right location, at the right price. CHRI emphasizes reducing duplicated services, improving health care access to all members of the community, and increased personalized service. Some recent initiatives include:

- Cardiac Rehabilitation Program initiated
- Physical Rehabilitation helps patients regain productivity
- A host of community programs offered, including:
 - ♦ Cancer support groups
 - ♦ Diabetes support groups
 - ♦ Multiple Sclerosis support groups
- A comprehensive Sleep Lab initiated
- Fast Track began, allowing patients with minor illnesses and injuries to be treated in less than one hour
- A full-time Critical Care physician hired
- Developed an HIV Clinic in partnership with the University of Vermont
- Improved cancer treatment by installing a modern linear accelerator
- Began video-conferencing with UVM Pathology Department
- Formed “Kids on the Move” in conjunction with RAVNA to provide rehabilitation services to area children
- Initiated a Community Outreach Program with a commitment to:
 - ♦ Community education
 - ♦ Primary care clinics in underserved areas
 - ♦ Health fairs
 - ♦ Community Health Assessment sponsored by “Partnership for Health”, a coalition of over forty other local agencies

At this time in the spring of 1996, RRMHC continues to develop new programs to meet the needs of the community. These include:

- A dialysis unit for patients with kidney disease
- Rutland Region Physician Group which consists of 19 providers and its Rutland office is in the former Alphabet House
- Mobile Magnetic Resonance Imaging and Lithotripsy to bring cost-effective high technology to the area
- Inpatient utilization and costs reduction
- Commitment to upgrading telecommunications and computer systems
- Start-up funding of \$500,000 for the Rutland Health trust, an organization dedicated to addressing community needs in a collaborative manner

The Next Century

Rutland Regional Medical Center will enter its next century financially strong and willing to make the necessary changes to maintain its mission in a turbulent economic and regulatory climate. It has come a long way from a 10-bed facility for “the sick and lame”. The current mission statement charts an ambitious course. If achieved, the citizens of the community will be well served. Susan Pierpoint would be proud!



Aerial view of current RRMC complex

RUTLAND HISTORICAL SOCIETY
96 CENTER STREET, RUTLAND, VERMONT 05701-4023
(802) 775-2006

Membership in the Society is open to all upon payment of appropriate dues. (See dues schedule below.) With membership, for its period, goes a subscription to the Quarterly, "News from Nickwackett", entitlement to vote at business meetings, and benefits accruing from support of the Society's exhibits, programs, collections and library. The year through which membership is paid and the category are noted on all address labels.

Please send any address change on Postal Service Form 3576 (a postcard freely available at your local post office).

Annual Meeting is held at 7:30 p.m. on the third Thursday of October.

Annual dues categories are:	Sponsoring—\$50.00	Students—\$8.00
	Contributing—\$20.00	(18 & under)
	Regular—\$10.00	Senior Citizens—\$8.00
		(62 & up)

Special one-payment categories are: Lifetime—\$200.00 Memorial Gift—\$200.00
Advance payment for 2 or 3 years is welcome, helping to reduce costs.

Please make checks payable to: Rutland Historical Society
96 Center Street
Rutland, VT 05701-4023

Manuscripts are invited: address correspondence to the Managing Editor.

Co-Editors: James S. Davidson and Elaine G. Purdy
Managing Editor: Elaine G. Purdy

Copyright © 1996 The Rutland Historical Society, Inc.
ISSN 0748-2493

RUTLAND HISTORICAL SOCIETY
96 Center Street
Rutland, Vermont 05701-4023

DO NOT FORWARD
ADDRESS CORRECTION REQUESTED
RETURN POSTAGE GUARANTEED

NON-PROFIT ORGANIZATION U.S. POSTAGE PAID Rutland, Vermont Permit No. 12



The number and code on the address label above indicates your dues status.